





Receipt of Preventive
Dental Care by Medicaid
Recipients During
Pregnancy

lowa 2005 - 2009









ORAL HEALTH AND PREGNANCY

Many women believe that dental care is not safe during pregnancy. Pregnancy gingivitis occurs in 30-100 percent of pregnant women. Gingivitis is preventable through brushing, flossing and regular preventive care.

The incidence of gingivitis is less than 1 percent among women who are plaque free at the beginning of their pregnancies. Left untreated, gingivitis can lead to periodontitis. Periodontitis is believed to effect from 5-20 percent of pregnant women.

Oral health during pregnancy is important to maintain maternal nutritional intake; maternal poor oral health can affect birth outcomes such as preterm birth and a child's health by increasing the child's risk for dental caries.

Preventive dental care (PDC) is safe during pregnancy. Medicaid in Iowa will reimburse dental care providers for two PDC visits per year for adults.

In 2005, we began to examine receipt of PDC by Medicaid recipients during pregnancy. We used data from the linked birth certificate-Medicaid paid claims file. To determine receipt of PDC, we used paid claim dental care code D1110.

We found that overall, just 9 percent of Medicaid recipients received PDC during pregnancy in 2005 (Figure 1). The percentage of Medicaid recipients who received PDC during pregnancy significantly increased from 2005 through 2007 (Figure 1). Since 2007, the percentage of Medicaid recipients who received preventive dental care during pregnancy has remained stable. At the same time the percentage of Medicaid recipients who received PDC during pregnancy remains low.

Iowa strategies to improve receipt of PDC - Prenatal care coordination: To address the low proportion of Medicaid recipients who received PDC care a task force was convened by the Iowa Department of Human Services/Iowa

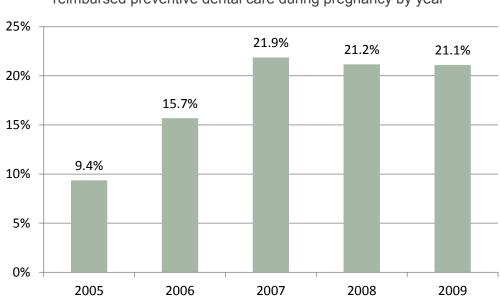


Figure 1. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by year

Medicaid Enterprise and the Iowa Department of Public Health/Bureaus of Family Health and Oral Health. To raise pregnant Medicaid recipients' awareness of the need for PDC during pregnancy, we added PDC to the list of educational and client referral needs for care coordinators to provide to their pregnant maternal health clients. There are 28 Title V Maternal Health Centers that provide services to each of lowa's 99 counties.

Collaboration with child oral health care coordination: In 2006, the I-Smile™ Dental Home program was initiated. Dental hygienists, serving as I-Smile™ oral health coordinators, ensure oral health care coordination and provide gap-filling preventive services at Iowa's 23 Title V child health agencies. Though designated to reach young

children, I-Smile dental hygienists also educate women of the importance of PDC for all mothers and women during pregnancy. This is particularly relevant when Title V child care agencies are co-located with maternal health agencies and WIC sites. I-Smile™ staff also inform dentists of Medicaid reimbursement and coverage changes. For figures 4 through 7, the data are limited to two years of data, 2005 and 2009.

Receipt of PDC during pregnancy -Receipt of PDC during pregnancy varied by maternal race and ethnicity, age and education. Despite the improvement in receipt of PDC by all racial and ethnic groups, receipt of PDC for Hispanics was lower in 2009 (10.4 percent) than that received by non-Hispanic whites in 2005 (10.7 percent). See Figure 4.

Figure 4. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by race/ethnicity and year

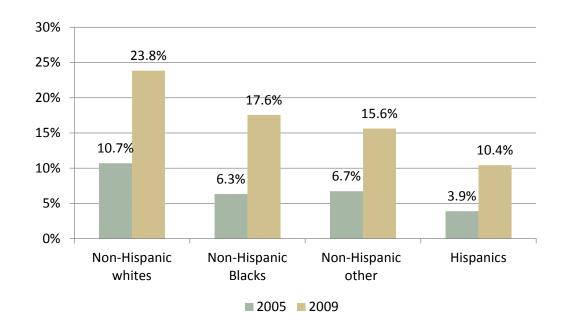
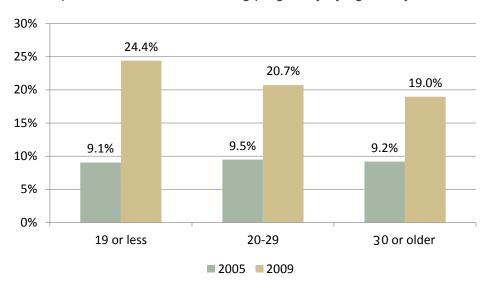
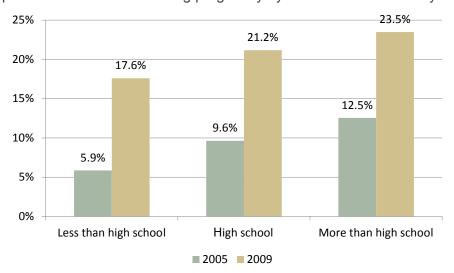


Figure 5. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by age and year



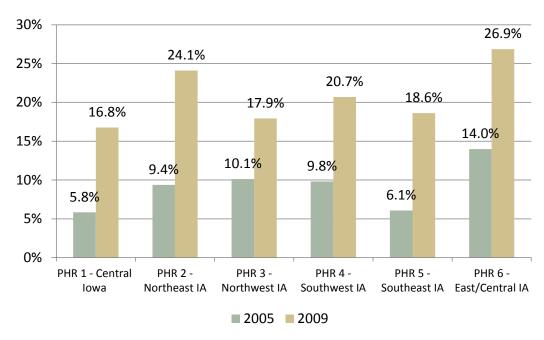
Receipt of PDC by maternal age did not differ in 2005. In contrast, in 2009, the percentage of Medicaid recipients who received PDC during pregnancy increased among all age groups. The largest percent increase was among those women aged 19 and younger (Figure 5).

Figure 6. Percentage of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by educational level and year



Receipt of PDC by maternal educational level increased for all Medicaid recipients during pregnancy from 2005 to 2009 (Figure 6). The percentage of improvement for receipt of PDC was greatest among Medicaid recipients with less than a high school education, followed by Medicaid recipients with a high school education. The percentage of improvement was lowest among Medicaid recipients with more than a high school education. However, regardless of year, those with more than a high school education received PDC at a higher percentage than Medicaid recipients of lower educational levels.

Figure 7. Percent of Medicaid recipients who received Medicaid reimbursed preventive dental care during pregnancy by Public Health Region (PHR) and year



The percent of Medicaid recipients who received Medicaid reimbursement preventive dental care during pregnancy varied by PHR and by year (Figure 7). The highest percentage change (improvement) of Medicaid reimbursed preventive dental care during pregnancy from 2005 to 2009 was documented in PHR 5, followed by PHRs 1, 2, 4 and 6. Public Health Region 3 documented the lowest percent change from 2005 to 2009.

CONCLUSIONS

Overall the percentage of Medicaid recipients who receive preventive dental care during pregnancy significantly increased from 2005 to 2009. At the same time the improvements in receipt of preventive dental care were not evenly distributed. Namely Medicaid recipients of Hispanic ethnicity realized the least improvement in receipt of preventive dental care during pregnancy. Poor improvement in receipt of preventive dental care during pregnancy was particularly notable among Hispanics and women 30 years of age or older.

In addition, the percentage of Medicaid recipients who received preventive dental care during pregnancy remains low (21 percent) and has not significantly increased since 2007.

FUTURE STRATEGIES AND RECOMMENDATIONS

- Expand I-SmileTM outreach to target lowincome pregnant women
- Expand I-Smile dentist referral network to include seeing low-income pregnant women
- Consider ways to enhance the Title V Maternal Health (MH) system to incorporate more gap-filling dental services
- Use new Women's Health Information System enhancements and reports to assess status of women in MH program
- Investigate and promote the addition of prevention services as part of an expanded lowa prenatal primary care registry
- Improve surveillance of and data collection about receipt of preventive dental care for all women using newly added questions to the Iowa Prenatal Care Questionnaire
- Investigate barriers to and fears that women have about preventive dental care during pregnancy using questions added to the Iowa Prenatal Care Ouestionnaire

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ADDITIONAL INFORMATION

For additional information or to obtain copies of this fact sheet, write or call the Iowa Department of Public Health, Bureau of Family Health, 321 E. 12th Street, Des Moines, IA 50309:

1-800-383-3826



